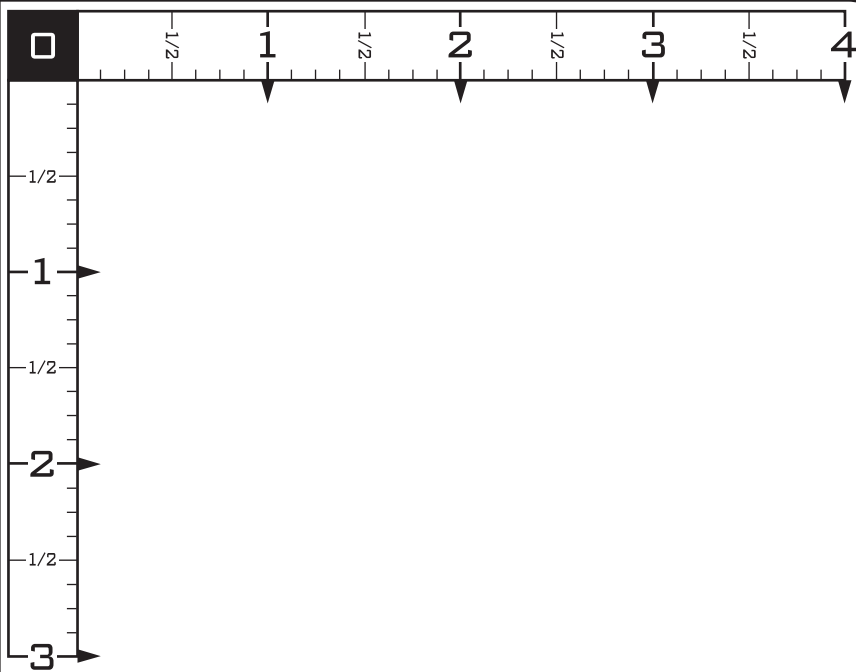


WRAPS ORDER FORM

Other product specific order forms are available on our website



Overall Length: _____

Overall Width: _____

Overall Depth: _____

Quantity: _____

Wrap Color:

CLEAR PRISM WHITE

End Cap Color:

CLEAR PRISM WHITE N/A

Special Features: (holes, clips, springs, etc.)

FOR FLUOROLITE USE ONLY!

PART # _____

COST EACH _____

LEAD TIME _____

QUOTE # _____

*REQUIRED INFO!

* **Date:** _____

* **Company name:** _____

* **Tel #:** _____ **Fax #:** _____

* **Contact person:** _____

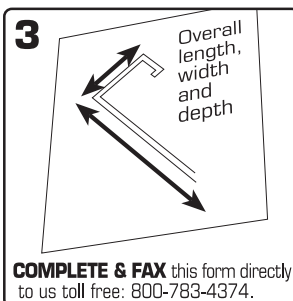
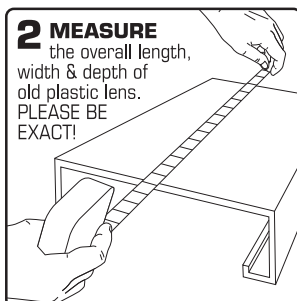
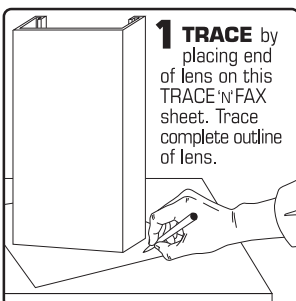
Job reference: _____

P.O.#: _____

Address: _____

City/State/Zip: _____

Email: _____



IMPORTANT!
If the lens profile is larger than the provided space, simply trace one side of the lens and measure the overall width

Customer Service Tel: 800-858-1201 Toll Free Fax: 800-783-4374